Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/17/2010</u>	Address;	<u>1680 SALAMONIE AVE</u>	
Case #:	22F-46642		<u>UUNTINGTON</u>	
County:	<u>HUNTINGTON</u>			
			eizure Location (check all that apply)	
Operati Chemic Dumpsi	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): OUTSIDE TRASH				
Red Phosphorous/Iodine Reaction(s);				
☐ Flammable Solvents: OUTSIDE TRASII				
Water Reactive Metal (Lithium): OUTSIDE TRASH				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s): OUTSIDE TRASH				
Corrosive Acid: <u>OUTSIDE TRASII</u>				
Corrosive Base: <u>INSIDE HOUSE</u>				
☑ Other (item and location): AMMONIUM NITRATE, OUTSIDE				
☐ Yes _ ⊠ No	rild under age 18 discovered (check one) Investigative Information Yes (number present) Ephedrine/Pseudoephedrine Tra No Retail/Merchant Tip yes, fax report to Child Protective Services Other:FIRE		e/Pseudoephedrine Tracking Log crehaut Tip	
This report is to be faxed to the following agencies that serve the location:				
Fire Departs	ment: <u>HUNTINGTON FD</u>		Fax: <u>260-358-2341</u>	
Health Department: <u>HUNTINGTON COUNTY</u>		Fax: <u>260</u> -3 Fax:		
Child Protec	ction Service:	2 tts	•	
For further information regarding this methamphetamine laboratory, contact Investigating Officer; <u>DOUG JACKSON</u> Phone 2 <u>60-432-8661</u>				

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.